

* Total extraperitoneal repair (TEP)

- The general anesthesia and the pneumoperitoneum required as part of the laparoscopic procedure do increase the risk in certain groups of patients.
- The laparoscopic hernia repair may also be more difficult in patients who have had previous lower abdominal surgery.
- The elderly may also be at increased risk for complications with general anaesthesia combined with pneumoperitoneum.

Trans-abdominal Pre-peritoneal repair of Inguinal Hernia

* After general anesthesia, putting nasogastric tube and Foley's catheter, the patient put in supine position, by putting the table head 10 degree down. Pneumoperitoneum created in usual way

* Periumbilical port 1cm long, create for the telescope, later two incisions 5mm long done on right and left 2-3cm below and medial to anterior superior iliac spine.

* Try to find following anatomical landmarks



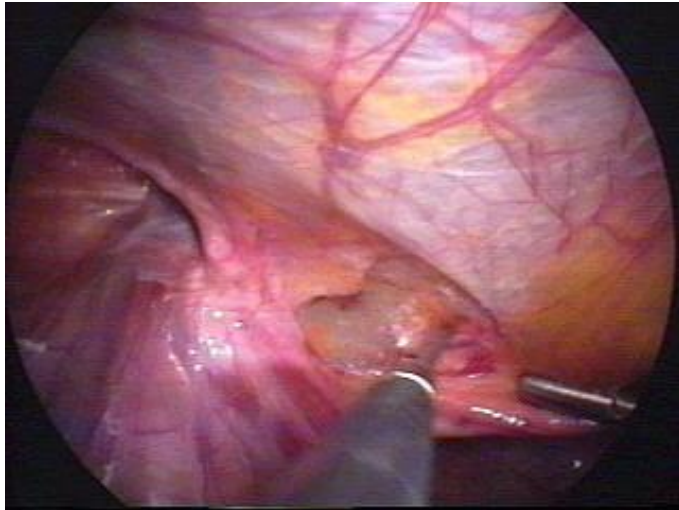
Inguinal

Hernia

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**Transabdominal
preperitoneal mesh repair (TAPP)**

1. Dissect the peritoneal flap towards the iliac vessels inferiorly and towards anterior abdominal wall superiorly.
2. Cooper's ligament, arch of transverses abdominus, conjoint tendon and Iliopubic tract should be seen.
3. Separate the elements of the spermatic cord from the peritoneal sac.



Dissection of pre peritoneal space

Epigastric vessels should be safe guarded



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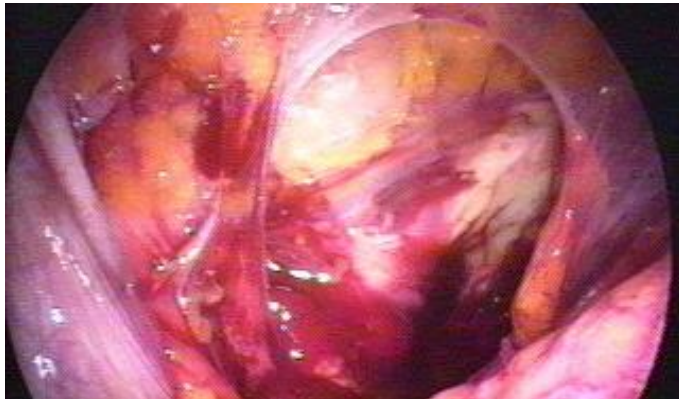
1. Medial umbilical ligament,
2. Inferior Epigastric vessels,
3. Spermatic vessels,
4. Vas deferens,
5. External iliac vessels in "Triangle of Doom", Dissection should be avoided in the "triangle of doom" which is bounded medially by the vas deferens and laterally by the gonadal vessels.
6. Indirect defect

Dissection of the pre-peritoneal space

Incision begins just above and 4 cm lateral to the outer margin of the deep ring₂₆₀

peritoneum incised medially almost up to the midline

Dissection starts with opening the peritoneum lateral to the medial umbilical fold in order to identify Cooper's ligament

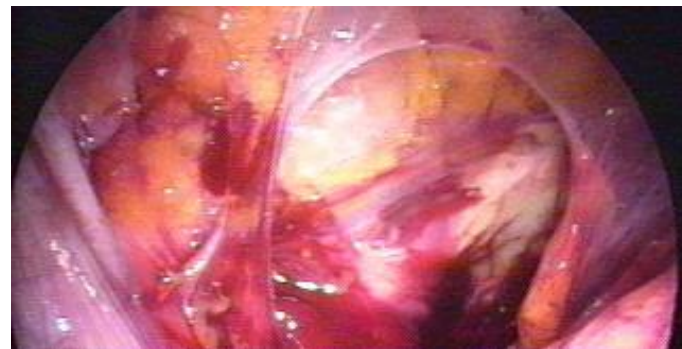


Cooper's ligament has been exposed from the pubic tubercle down to the femoral vessels and vas deference



Dissection should be started with opening the peritoneum lateral to the medial umbilical fold in order to identify Cooper's ligament. Dissect the spermatic cord from the peritoneum by separating the elements of the spermatic cord from the peritoneum and peritoneal sac

The important landmarks of laparoscopic hernia repair are the pubic bone and inferior eipgastric vessels.



**With stapling the mesh ,intraabdominal cov
pressure must be reduced to 4mm Hg**

**An 8 by 12cm mesh patch
inserted.**



**Put on the defect and sutured
in place by stapler**

**The ileopubic tract lateral to the
internal ring is exposed.**



**The dissection is complete .the sac
left in place**

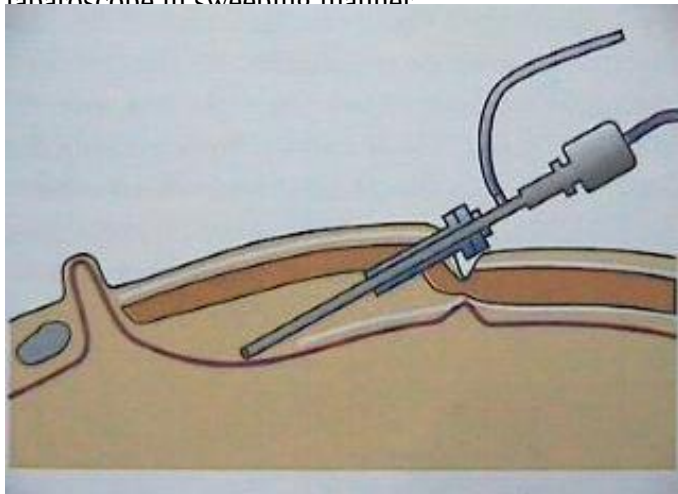


.....: Total extraperitoneal repair (TEP)

Approach to preperitoneal space.

Insertion of trocar

An 11mm port is introduced without its sharp tip with a laparoscope in an angle of about 30 degree. A small pre peritoneal pocket is created by manipulating laparoscope in sweeping manner.



**Peritoneum flap is replaced
over the mesh and it is closed
either by staple or suture**

Dissection of preperitoneal space and cord structures in TEP.

In totally extraperitoneal repair of hernia dissect the spermatic cord from the peritoneum by separating the elements of the spermatic cord from the peritoneum and peritoneal sac.

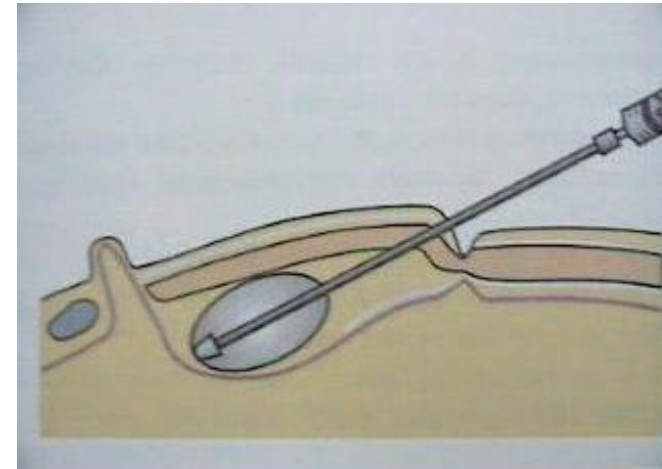
Dissection should be continued until the peritoneum has reached the iliac vessels inferiorly. Mesh in appropriate size usually 10X10 Cm is used.

Mesh should be rolled and load backward in one of the port. Mesh should be fixed by stapling first in its middle part three finger above the superior limit of the internal ring.

In totally extraperitoneal repair we do not need much staple because peritoneum is not breached and once the gas from pre-peritoneal space is removed it will place the mesh in its proper position.

Sweeping movement of telescope

A balloon dissector should be introduced with telescope and balloon is inflated for further dissection of the pre-peritoneal space.



Balloon dilatation is helpful in TE

Insert two additional ports on one 6mm trocar on the midline at a midway distance between the umbilicus and symphysis pubis and another 10-12 mm Trocar below and medial to the right anterior iliac spine.

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